



REQUEST FOR INFORMATION FOR SR 21

State Form 43307 (R2/ 10-99)

Name of individual, firm or corporation		Attention
Address (number and street, city, state, ZIP code)		
Date (month, day, year)	The above named party respectfully requests the following information:	
MASTER RECORD CONTROL		
Full name of individual (first, middle, last)	Drivers license number	Type

CONVICTIONS					
VIOLATION	DATE	COURT	LOCATION	CAUSE NO.	ACTIVE STOP NO.

(√)

INFORMATION REQUESTED

Filed: ☐ SR-21 ☐ PSCI ☐ SR-23 by _____ Policy No. _____

Action only taken against the driver

No action taken against out of state driver

Was notified to comply with the financial responsibility law by _____

Has not complied: ☐ Drivers license suspended and / or ☐ Plates suspended

We cannot find any record that an accident report was filed with State Police.

There were no estimates of damage listed on the accident report.

No action was taken due to insufficient information given on the accident report.

No action could be taken, the amount of damage listed on the accident report did not exceed _____ as set by the statute to require compliance.

The Bureau has a 90 day statute of limitations in which to require compliance of the financial responsibility law. If the bureau does not receive a properly completed accident report from State Police Accident Records within 90 day period, we cannot take action to suspend driving privileges unless a judgement is rendered and certified to us.

Was not shown fault on accident report. Compliance with the financial responsibility law was not required.

Other:

☐ SASE